

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE				
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							51				
2	/						52				
3	(1)						53				
4	(2)						54				
5	(3)						55				
6	(4)						56				
7	(5)						57				
8	(6)						58				
9	(7)						59				
10	(8)						60				
11	(9)						61				
12		/					62				
13			/				63				
14				/			64				
15					/		65				
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43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.							TOTAL IND.				
TOTAL DEP.							TOTAL DEP.				
TOTAL CLAIMS							TOTAL CLAIMS				
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS											